2700 INTERNAL TRANSFER REQUEST FOR S.N. 09/805,910

DATE: 8-6-01	FROM: BRAGDON (print name)
FORWARD TO:	**REASON(S):**
A. Art Unit: 2161	A. You had Parent ☐ (check box)
B. Class: 705	B. See Title ☐ (check box)
C Subclass:	C. See Abstract ☐ (check box)
	D. See Claim(s):

FURTHER EXPLANATION IF NEEDED: Yours (2 see clm 2) or medical people

ok for 705/3

SMD

DATE:	FROM: (print name)
FORWARD TO:	**REASON(S):**
A. Art Unit:	A. You had Parent ☐ (check box)
B. Class:	B. See Title ☐ (check box)
C Subclass:	C. See Abstract ☐ (check box)
	D. See Claim(s):

FURTHER EXPLANATION IF NEEDED:

DATE:	FROM: (print name)
FORWARD TO CLASSIFIER	**REASON(S):**
	A. You had Parent ☐ (check box)
	B. See Title ☐ (check box)
	C. See Abstract ☐ (check box)
	D. See Claim(s):

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE:	CLASSIFIER:
FORWARD TO:	**REASON(S):**
A. Art Unit:	A. You had Parent ☐ (check box)
B. Class:	B. See Title ☐ (check box)
C Subclass:	C. See Abstract ☐ (check box)
	D. See Claim(s):

FURTHER EXPLANATION IF NEEDED: